2100 INTERNAL TRANSFER REQUEST FOR S.N.

DATE:	2/17/01	FROM: B. Pe	ug/	(print name)
		REASON(S):		
FORWARD TO:		A. You had Parent	(check box)	
A. Art Unit:	2153	B. See Title	(check box)	
B. Class:	709	C. See Abstract	(check box)	
C Subclass:		D. See Claim(s):		
FURTHER EXPLA		_		
DATE:	(02/0)	FROM: 15	n ce hue	(print name)
		REASON(\$):	3	
FORWARD TO:		A. You had Parent	(check box)	
A. Art Unit:	Rloce 1	B. See Title	(check box)	
B. Class:	390	C. See Abstract	(check box)	
		D. See Claim(s):		
	NATION IF NEE	DED: Pouler		
C Subclass: FURTHER EXPLA DATE	NATION IF NEE	FROM:		(print name)
FURTHER EXPLA	NATION IF NEE	- Coulons		
FURTHER EXPLA		FROM:	(check box)	
FURTHER EXPLA		FROM: REASON(S):	(check box)	
FURTHER EXPLA		FROM: REASON(S): A. You had Parent		
FURTHER EXPLA		FROM: REASON(S): A. You had Parent B. See Title	(check box)	
DATE FORWARD TO CL	ASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	
FURTHER EXPLA	ASSIFIER NATION IF NEE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED:	(check box)	
FURTHER EXPLA	ASSIFIER NATION IF NEE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED:	(check box)	
FURTHER EXPLA	ASSIFIER NATION IF NEE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: SIFICATION CLASSIFIER:	(check box)	
FURTHER EXPLAINABLE DISPOSITION BOTTLE DATE:	ASSIFIER NATION IF NEE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: CLASSIFIER: REASON(S):	(check box)	
FURTHER EXPLANT FORWARD TO CL FURTHER EXPLANT DISPOSITION B DATE: FORWARD TO:	ASSIFIER NATION IF NEE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: SIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box)	
FURTHER EXPLANT FORWARD TO CL FURTHER EXPLANT DISPOSITION B DATE: FORWARD TO: A. Art Unit:	ASSIFIER NATION IF NEE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: SIFICATION CLASSIFIER: REASON(S): A. You had Parent B. See Title	(check box)	(print name)
FURTHER EXPLANT FORWARD TO CL FURTHER EXPLANT DISPOSITION B DATE: FORWARD TO:	ASSIFIER NATION IF NEE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): DED: SIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box)	

FURTHER EXPLANATION IF NEEDED: